

EMILY's List

1120 Connecticut Avenue NW

Ste 1100

Washington

DC

20036

FEC ID No. C00193433

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
EMILY's List

FEC IDENTIFICATION NUMBER

C C00193433

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Compass Media Group, Inc.

Date

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Amount

2625.00

Mailing Address

1415 North Dayton, Suite 311

City

Chicago

State

IL

Zip Code

60622

Purpose of Expenditure

Postage

Category/  
Type

004

Office Sought: ☒ House

State: OH

☐ Senate

District: 13

☐ PresidentialCheck One: ☒ Support☐ OpposeDisbursement For: ☒ Primary☐ General 2006☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE24-86268

Calendar Year-To-Date Per Election

125323.05

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Compass Media Group, Inc.

Date

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Amount

4464.84

Mailing Address

1415 North Dayton, Suite 311

City

Chicago

State

IL

Zip Code

60622

Purpose of Expenditure

Printing

Category/  
Type

004

Office Sought: ☒ House

State: OH

☐ Senate

District: 13

☐ PresidentialCheck One: ☒ Support☐ OpposeDisbursement For: ☒ Primary☐ General 2006☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE24-86269

Calendar Year-To-Date Per Election

125323.05

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

7089.84

(b) SUBTOTAL of Unitemized Independent Expenditures .....

0.00

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

Signature

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 6

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
EMILY's List

FEC IDENTIFICATION NUMBER

C C00193433

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Compass Media Group, Inc.

Date

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Amount

2625.00

Mailing Address

1415 North Dayton, Suite 311

City

Chicago

State

IL

Zip Code

60622

Purpose of Expenditure  
PostageCategory/  
Type

004

Office Sought:

☒ House

State: OH

☐ Senate

District: 13

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2006☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE24-86270

Calendar Year-To-Date Per Election

7089.84

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Compass Media Group, Inc.

Date

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Amount

4464.84

Mailing Address

1415 North Dayton, Suite 311

City

Chicago

State

IL

Zip Code

60622

Purpose of Expenditure  
PrintingCategory/  
Type

004

Office Sought:

☒ House

State: OH

☐ Senate

District: 13

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☒ Primary☐ General 2006☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE24-86271

Calendar Year-To-Date Per Election

7089.84

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

7089.84

(b) SUBTOTAL of Unitemized Independent Expenditures .....

0.00

(c) TOTAL Independent Expenditures .....

14179.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

Signature

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 6